

APPLICATION DATA SHEET**Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:

Computer Readable Form (CRF)?:: No

Number of copies of CRF::

Title :: MULTI-COMPONENT COEXTRUSION

Attorney Docket Number:: 660023.406C1

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets:: 10

Small Entity?: No

Petition included?: No

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?: No

First Applicant Information

Applicant Authority Type:: Inventor
 Primary Citizenship Country:: US
 Status:: Full Capacity
 Given Name:: George
 Middle Name::
 Family Name:: Melkonian
 Name Suffix::
 City of Residence:: Federal Way
 State or Province of Residence:: WA
 Country of Residence:: US
 Street of mailing address:: 3617 S.W. 311th Lane
 City of mailing address:: Federal Way
 State or Province of mailing address:: WA
 Country of mailing address:: US
 Postal or Zip Code of mailing address:: 98023

Correspondence Information

Correspondence Customer Number :: **00500**

Representative Information

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|----------------------------------|--|--------------|
| Representative Customer Number:: | | 00500 |
|----------------------------------|--|--------------|

Domestic Priority Information

| | | | |
|------------------|-------------------|----------------------|----------------------|
| Application :: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
| This Application | Continuation of | 09/712,411 | 11/13/00 |
| | | | |

| Application :: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|----------------|-------------------|----------------------|----------------------|
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Foreign Priority Information

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
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Assignee Information

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|---|--|
| Assignee name:: | |
| Street of mailing address:: | |
| City of mailing address:: | |
| State or Province of mailing address:: | |
| Country of mailing address:: | |
| Postal or Zip Code of mailing address:: | |

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